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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002044

1. Corporation Name

EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 654 EDGEWATER FL 32132	P.O. BOX 654 EDGEWATER FL 32132

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed 04/20/1993	
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number NOT APPLICABLE	Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
Zip / Country (24) (25)	Zip / Country (29) (30)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KLIEGER, KENNETH L
2201 S. RIDGEWOOD, #30
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City ... FL
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME PETERS, RICHARD J		1.2 NAME	NOT APPLICABLE	
STREET ADDRESS 168 GARY AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP OAK HILL FL		1.4 CITY-ST-ZIP		
TITLE S ☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME HAYMAN, JACK H		2.2 NAME		
STREET ADDRESS 3003 TRAVELERS PALM DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP EDGEWATER FL 32141		2.4 CITY-ST-ZIP		
TITLE PD ☐ DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME KLIEGER, KENNETH L		3.2 NAME		
STREET ADDRESS 2201 S. RIDGEWOOD DRIVE #30		3.3 STREET ADDRESS		
CITY-ST-ZIP EDGEWATER FL 32141		3.4 CITY-ST-ZIP		
TITLE TD ☐ DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME JAMES A BLACK		4.2 NAME		
STREET ADDRESS 2201 S RIDGEWOOD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP EDGEWATER FL 32141		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 407-750-6207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (11/98)